

**BIOGRAPHIC DATA FORM**

Report # _____

* 1. Name of Country	2. Date of Information (Yr., mo., day)	3. Date of Report (Yr., mo., day)
4. Name * a. Full Name (in Roman letters in order normally used by individual, with surname in capital letters; accent on last name, if known; phonetic pronunciation, as appropriate)		
b. Name(s) by which individual prefers to be addressed (1) In official correspondence		(2) Orally at official gatherings
c. Full name in native alphabet (Including Standard Telegraphic Code or other transcription code)		d. Variants, aliases or nicknames
* 5. Rank (Full official terms) a. English language b. Native language		6. Date of Rank (Yr., mo., day)
7. Position/Billet * a. Present position		b. Military address
c. Date assumed position (Yr., mo., day)		d. Scheduled date of departure (Yr., mo., day)
e. Name of Predecessor (Person who previously held this position)	(1) Predecessor's Rank	(2) Predecessor's Branch of Armed Service
(3) Dates Predecessor assigned (Yr., mo., day) From: To:		
* 8. Branch of Armed Service <input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Navy <input type="checkbox"/> Special Branch (specify) _____		9. Specialty/Other Organizations (Ministry of Defense, space programs, etc.)
10. Date of Birth (Yr., mo., day)	11. Place of Birth (Town, state, province, country)	12. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
13. Home address		14. Telephone Number (Area Code if applicable) a. Home b. Work
15. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated		

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16. Citizenship <i>(indicate countries)</i>				17. Ethnic Group		18. Nationality	
19. Religious Affiliation a. Name				b. <input type="checkbox"/> Practicing <input type="checkbox"/> Non-practicing			
20. Titles, Honorifics <i>(Prince, Doctor, Pandit, etc.)</i>				21. High Order Decorations <i>(native, U.S., other; explain)</i>			
22. Physical Description a. Facial Hair <input type="checkbox"/> Beard <input type="checkbox"/> Mustache		b. Teeth <i>(Natural)</i> <input type="checkbox"/> yes <input type="checkbox"/> no		c. Hard of Hearing <input type="checkbox"/> yes <input type="checkbox"/> no		d. Glasses <input type="checkbox"/> yes <input type="checkbox"/> no	
e. Color Eyes	f. Bald <input type="checkbox"/> yes <input type="checkbox"/> no	g. Color of Hair <i>(if applicable)</i>	h. Writing hand <input type="checkbox"/> Right <input type="checkbox"/> Left		i. Posture <input type="checkbox"/> Round shouldered <input type="checkbox"/> Erect		
j. Height <i>(inches)</i>		k. Weight <i>(pounds)</i>		l. Build <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large			
23. Membership in Organizations <i>(professional, social, military, other; inclusive dates (Yr., mo., day))</i>							
24. Preferences <i>(food, drink, tobacco, entertainment, sports, hobbies)</i>							
25. Published Works—by or about individual <i>(title of article or book; if article, name of publication in which appearing; date published (Yr., mo., day))</i>							
26. Civil Education <i>(college or highest level schools, locations, major courses, degrees, honors; inclusive dates (Yr., mo., day))</i>							
27. Languages <i>(proficiency, dialects, degree of fluency, ability to act as translator/interpreter)</i>							
28. International training/travel <i>(countries, dates (Yr., mo., day), purpose)</i>							
29. Photo Submitted <input type="checkbox"/> yes <input type="checkbox"/> no				30. Date of Photo, if submitted <i>(Yr., mo., day)</i>			

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31. Military Service (chronologically, inclusive dates (Yr., mo., day) and locations): Military schools, in-country and foreign; promotions/demotions (specify rank and dates (Yr., mo., day)); foreign service; units served/position held; retired/reserve status; involvement with programs/activities/key people.

32. Full Name of Spouse		a. Maiden Name	
b. Date of Birth (Yr., mo. day)	c. Place of Birth (town, state, province, country)		
d. Citizenship (indicate countries)		e. Ethnic Group	f. Nationality
g. Religious Affiliation (1) Name		(2) <input type="checkbox"/> Practicing <input type="checkbox"/> Non-practicing	
h. Background (education; languages; preference in food/drink, hobbies, entertainment; special interest professional societies)			

33. Names of Children	a. Sex	b. Date of Birth (Yr., mo., day)	c. Marital Status (Married/single/divorced/ widowed/separated)	d. Other Items of Interest (Schools, health, military service)